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PTO/SB/57 (03-00)

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Application Number: 10/055,135


Filing Date: 1/23/2002

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2. Fee Transmittal
3. Preliminary Amendment

Total pages including cover sheet: 8

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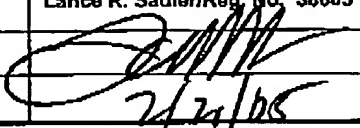
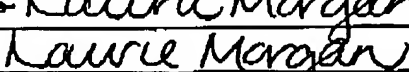
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PTO/SB21 (02-03)

Approved for use through 07/31/2006. CMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/055,135
		Filing Date	1/23/2002
		First Named Inventor	Glenn F. Evans
		Group Art Unit	2126
		Examiner Name	TRUONG, LECHI
Total Number of Pages in This Submission		Attorney Docket Number	MS1-1022US
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (Preliminary) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Lance R. Sadler/Reg. No. 38605		
Signature			
Date	2/21/05		
CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Sheryl Boies-Laurie Morgan		
Signature			Date
		2/22/05	

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PTO/SE/17 (12-04)

Approved for use through 07/31/2006, OMB 0551-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/055,135
		Filing Date	1/23/2002
		First Named Inventor	Glenn F. Evans
		Examiner Name	TRUONG, LECHI
		Art Unit	2126
TOTAL AMOUNT OF PAYMENT		(\$) 0.00	
		Attorney Docket No.	MS1 1022US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): 50 Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims: _____ Extra Claims: _____ Fee (\$): 200 Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. 38605	Telephone (509) 324-9256
Signature		(Attorney/Agent)	
Name (Print/Type)	Lance R. Sadleir	Date	2/24/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE FEB 22 2005

Application Serial No.10/055,135
Filing Date 1/23/2002
Inventorship Evans
Applicant Microsoft Corp.
Group Art Unit2126
Examiner Truong
Attorney's Docket No.msl-1022us
Title:

PRELIMINARY AMENDMENT

To: Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria VA 22313-1450

From: Lance Sadler(Tel. 509-324-9256, ext 226; Fax 509-323-8979)
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Spokane, WA 99201